

Bioterrorism Preparedness and Response Core Capacity Project 2001

**Washington, D.C.
July 30 - 31, 2001**



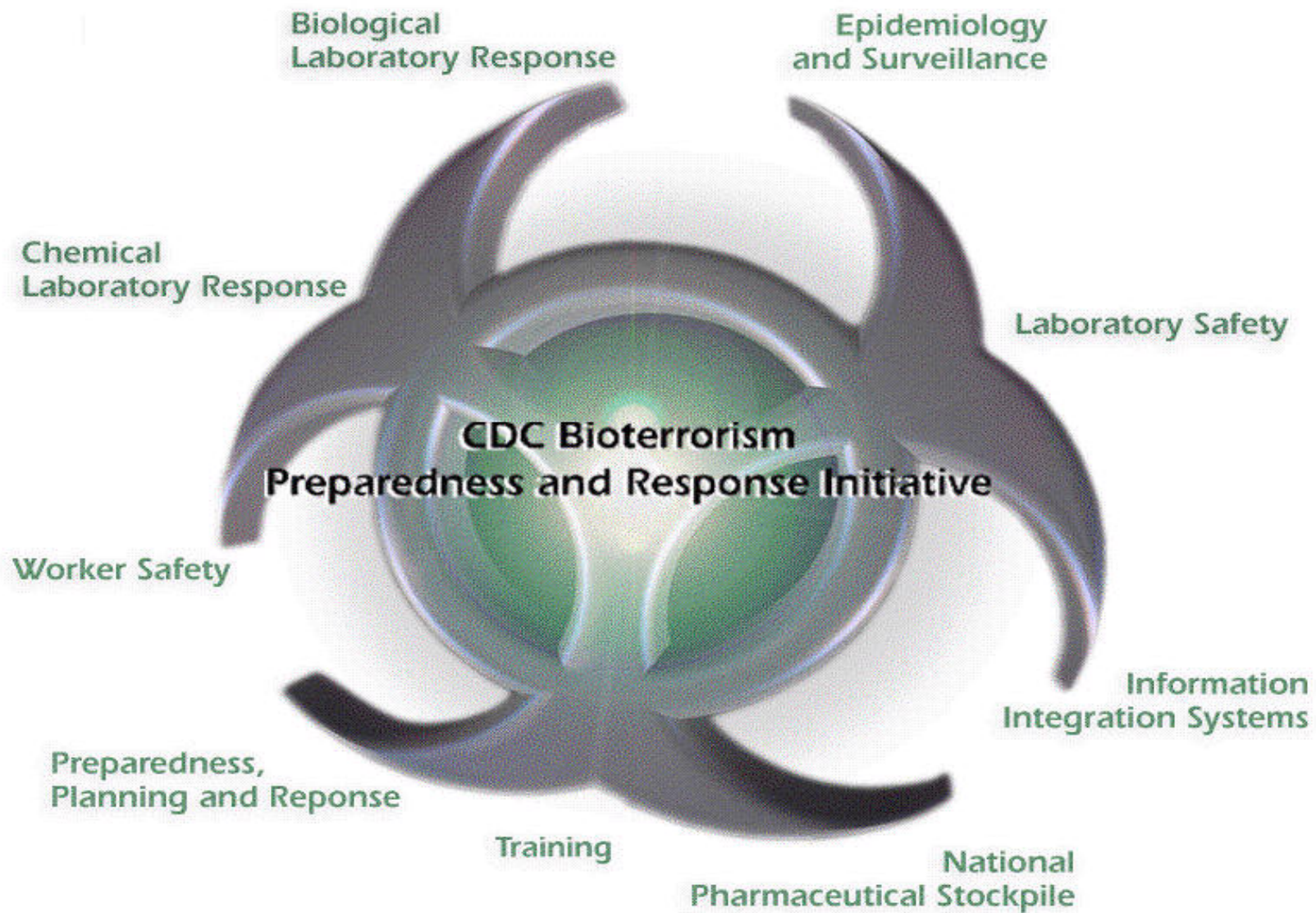
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CDC Mission Statement

*To promote the health and quality of life by
preventing and controlling disease,
injury, and disability*

The Bioterrorism Mission: To lead the
public health effort in enhancing
readiness to detect and respond to
bioterrorism





CDC Bioterrorism Preparedness and Response Initiative Funding to Date

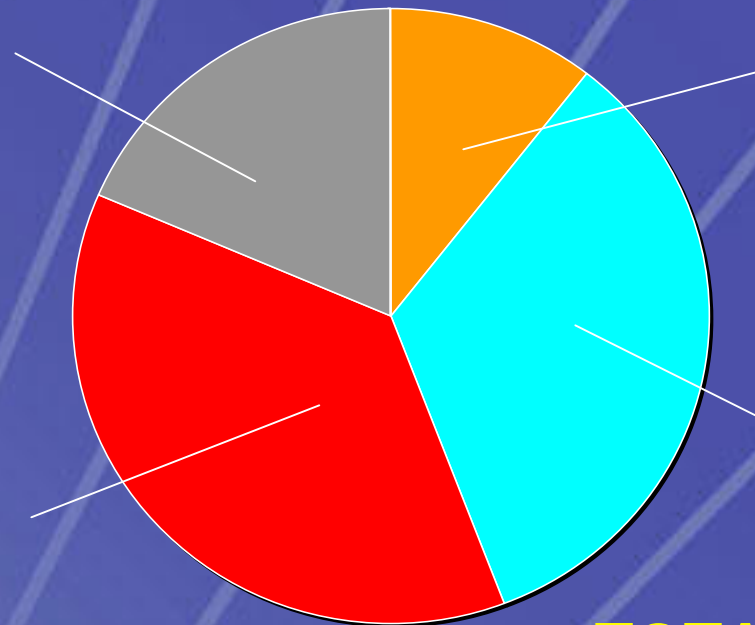
FY1999 and 2000

Independent
Studies/NEDSS
\$32.28M

CDC
Capacity
\$29.4M

National
Pharmaceutical
Stockpile
\$103M

State & Local
Capacity
\$112.6M



TOTAL: \$278,828,000

Funding for FY2001 \$181+million



Mission Statement for the BT P/R Core Capacity Project 2001

To develop the capacity of state and local public health systems to prepare for and respond to an epidemic caused by a bioterrorist act.

This effort will drive national, state, and local strategic efforts to achieve our mission.



BT Core Capacity Project Background

- Identified as a priority for CDC for 2001.
- To be developed in relation to the National Public Health Performance Standards Project.
- Relies upon the CDC/DOJ Public Health Emergency Preparedness Assessment to inform the process.
- Response to the Public Health Threats and Emergencies Act (Frist-Kennedy) – Authorizing Language only.



Public Health Threats and Emergencies Act(Frist-Kennedy)

- **319A– Establish capacities for public health such as:**
 - Recognize clinical signs and epi. characteristics of significant outbreaks of infectious disease,
 - Identify disease -causing pathogens rapidly and accurately,
 - Develop and implement plans to provide medical care for persons infected with disease -causing agents and persons exposed,
 - Communicate information relevant to significant public health threats rapidly to state, local and national health agencies, and
 - Develop or implement policies to prevent the spread of infectious diseases.



Public Health Threats and Emergencies Act(Frist-Kennedy)

- **319B– Assessment of Public Health Needs:**
 - In collaboration with state and local health agencies, perform an evaluation to determine the extent to which States and local public health agencies can achieve the capacities described in section 319A.



Public Health Threats and Emergencies Act(Frist-Kennedy)

- **319C– Grant to Improve State and Local Public Health Agencies to:**
 - Train public health personnel,
 - Develop, enhance, coordinate, or improve participation in an electronic network by which disease detection and public health related information can be rapidly shared among national, state, and local public health agencies and health care providers,
 - Develop a plan for responding to public health emergencies (i.e., bioterrorism), and
 - Enhance laboratory capacities and facilities.



Public Health Threats and Emergencies Act (Frist-Kennedy)

- **319D – Revitalizing CDC**
- **319E – Combating Anti-microbial Resistance (AMR):**
 - Establish an AMR Taskforce,
 - Develop improved AMR surveillance plans,
 - Develop integrated information systems between public health departments related to AMR,
 - CDC/NIH Collaboration on research
 - Medical therapeutics
 - Improved diagnostic testing techniques
 - Sequencing of genomes of priority pathogens,
 - Improve education of medical and public health personnel, and
 - Conduct demonstration projects.



Public Health Threats and Emergencies Act(Frist-Kennedy)

- **319F – Public Health Countermeasures to a Bioterrorist Attack:**
 - **Working Group on Preparedness for Acts of Bioterrorism (DHHS and DOD):**
 - Coordinate research on pathogens likely to be used,
 - Coordinate research and develop standards related to detection equipment, and
 - Develop policies and procedures related to the release of reserves of vaccines, drugs, and medical supplies that may be needed after a BT incident.



Public Health Threats and Emergencies Act(Frist-Kennedy)

- **319F – Public Health Countermeasures to a Bioterrorist Attack(cont):**
 - Working Group on the Public Health and Medical Consequences of Bioterrorism(DHHS,FEMA,andDOJ):
 - Assess priorities and enhance preparedness of public health institutions, providers of medical care, and other emergency service personnel to detect, diagnose, and respond to a bioterrorist attack, and
 - Develop, coordinate, enhance, and assure the quality of joint planning and training programs between public health, hospitals, primary care facilities and firefighters, ambulance personnel, police and public security officers, and other emergency response personnel.
 - Grants will be made to states or consortia of states and professional medical organizations(training, dz detection, medical care, communications)
 - Supports collaborative research between CDC and NIH



Proposed BT Core Capacity Project Outcomes

1. **Identify core capacities** needed to prepare for and respond to bioterrorism and develop state and local tools that can be used to measure progress in attaining this capacity.
2. Identify and **prioritize core capacities** such that state and local health departments can more effectively target infrastructure improvement to address these capacities.
3. **Attain a consensus from partners** to facilitate implementation of the first two outcomes.



ProjectPartners

- CDCco -chairingaworkgroupwith ASTHOandNACCHO
- OtherPartners:APHL,CSTE,NGA, NEMA,NAME,DOD,AMA,AHA, AVMA,PHF,APHA,APIC,NALBOH, USCM,ARC,IDSA,John'sHopkins, DOJ,FBI,FEMA,DHHS:OEP,HRSA, FDA,USDA,manyothers.....



Project Update

- Tampa, May 2001: Project Kick-off Meeting.
- Kansas City, June 2001: Met to gather information from partners and begin to develop a framework to be used to inform the project.
- Internal CDC workgroup used data from KC to develop and refine the framework for D.C.
- D.C., July 2001: Met to discuss the framework, add content, and prepare for the Portland meeting in late September 2001.



Draft Framework Based on:

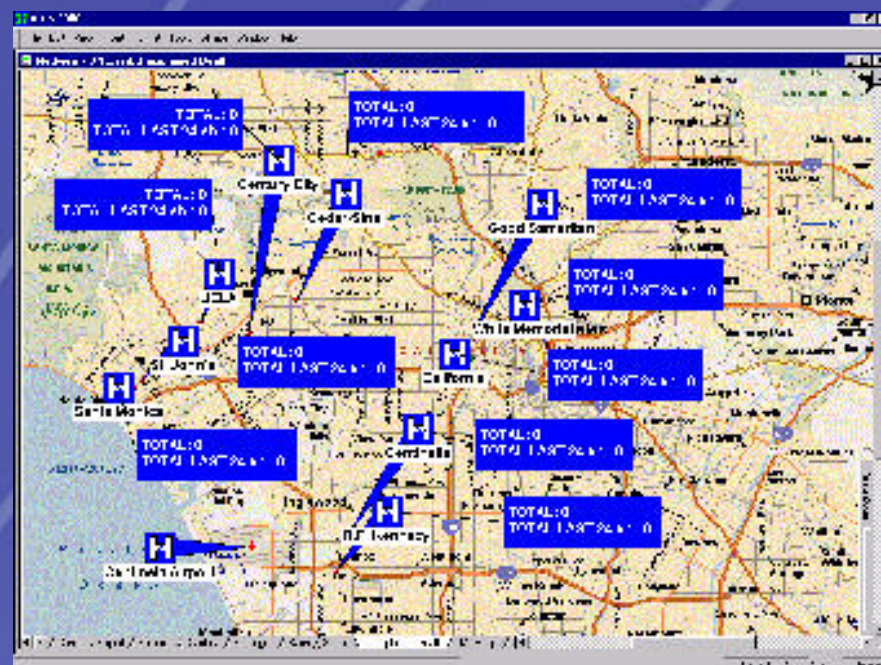
- Those critical capacities needed at the state and local level to control and contain an epidemic caused by a bioterrorist act.
- 5 Capacity Goals:
 - Surveillance
 - Identification
 - Communication
 - Mobilization
 - Public Health Interventions
- Each goal is supported by a number of objectives and indicators.



BACKGROUND: What has CDC accomplished since January 1999 with our Federal, State, and Local partners in relation to the 5 Core Capacity Goals...?



SURVEILLANCE



Surveillance and Epidemiology – Progress to date

- All states, 3 large cities, and Guam have been awarded funds to:
 - Hire staff (e.g., surveillance coordinators)
 - Support rapid reporting of bioterrorism - specific diseases and unusual events
 - Identify and train rapid response teams
 - Improve emergency notification procedures
 - Develop/improve reporting mechanisms with animal healthcare providers, medical examiners, poison control centers, hospitals, EMS, and others

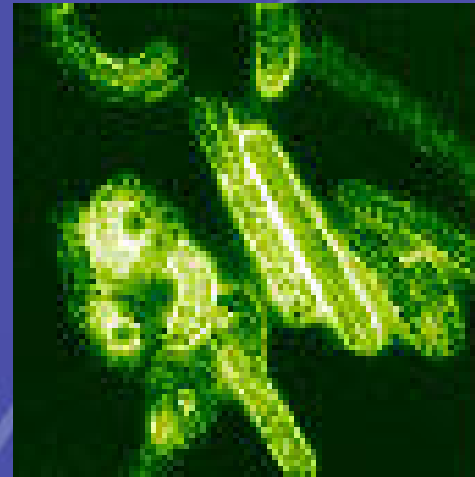


Surveillance and Epidemiology – Progress to date

- 8 Special Projects are underway in 7 states and 1 city health department to investigate new and innovative ways to collect and analyze surveillance data
- Special events surveillance has been developed and used to support select high profile public events -



IDENTIFICATION



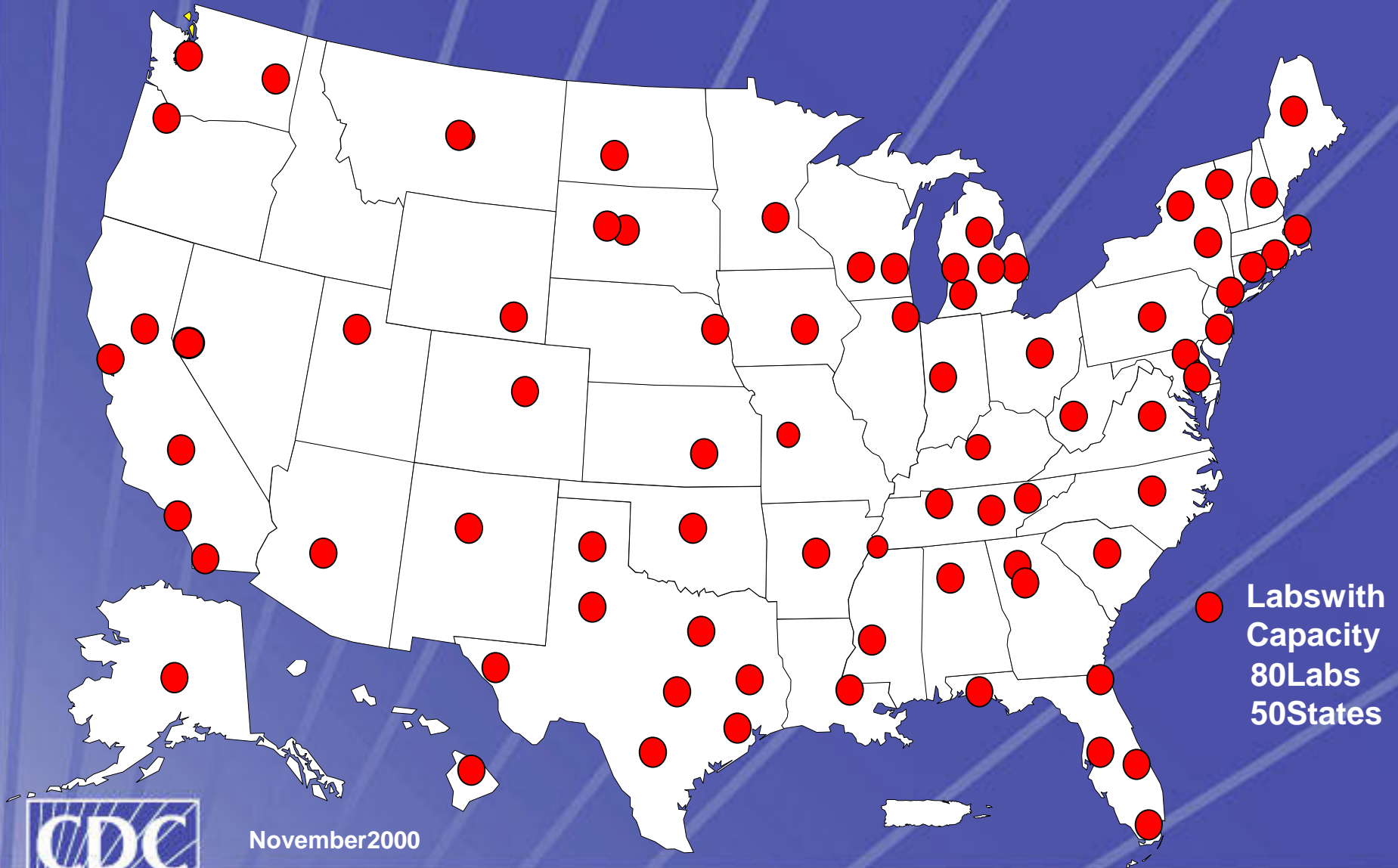
Laboratory Progress to date

- CDC can now test for all six agents on the Critical Biological Agents List
- 80 state public health laboratories in 50 states now have some capacity to test for plague, tularemia, and anthrax
- 22 state public health laboratories can test for botulinum toxins



CDC Funded BTLab Program

Laboratory Response Network for Bioterrorism

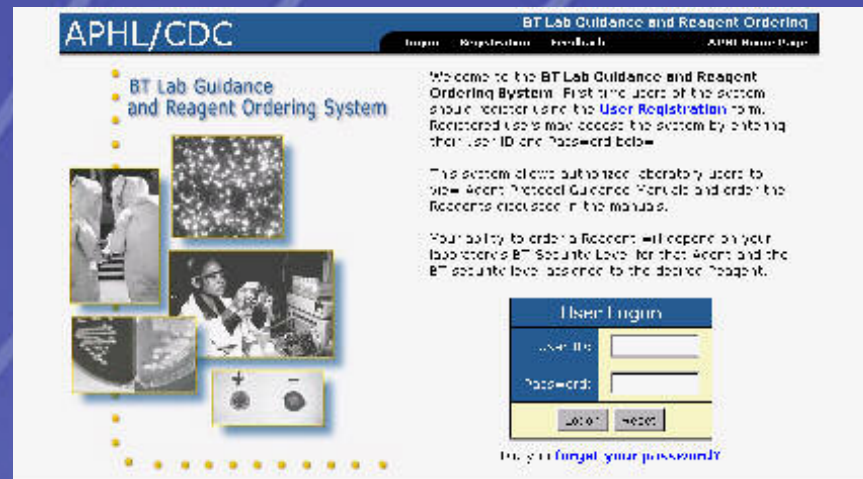


November 2000

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Laboratory Progress to date

- Established the Rapid Response and Advance Technology Laboratory (Atlanta)
- Created The Laboratory Response Network (LRN)





COMMUNICATION



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24P

HealthAlertNetwork Progresstodate



- 55% of full-function local health agencies have high-speed, continuous, Internet capacity
- 56% have ability to send urgent health alerts
- 82% have access to satellite downlink facilities within 30 minutes drive time from work
- Expansion underway to fund all 55 projects in 2001



Other Information Systems Progress to date

The Epidemic Information eXchange Program

- Expedite the exchange of accurate information across program areas
- Link related outbreaks and other health events
- Help officials respond to emerging health events
- Assure notification of health officials



The Epidemic Information Exchange Web Page



[>> My Profile](#) [>> Search](#) [>> Help](#) [>> About Epi-X](#) [>> Contact Us](#) [>> Home](#)

Epi-X The Epidemic Information Exchange

My Epi-X Action Items

Type	Title	Submitted	Status	Review Immediacy	Reviewer Comments	Contributor
	Outbreak of Cryptosporidiosis, Ohio, 2000		Draft: Private	48 Hours		Pertowski
	Rift Valley Fever, Saudi Arabia, August - October 2000	10/16/00	past due In Review: Private	48 Hours		Pertowski
	Upper Airway Obstruction and Cavernous Sinus Thrombosis	11/13/00	past due SME Review: Private	48 Hours	M. Fischer	Wiersma
Request	Outbreak of Rift Valley Fever	11/8/00	past due Contributor Review: Private	48 Hours		Pertowski
HSR	test	10/30/00	past due In Review: Private	48 Hours		Pertowski

Current Epi-X Postings

Type	Title	Location	Category	Posted	Comments
Alert	TEST EMER ALERT 11-8	Alabama	Infectious Disease, Bacterial	Private 11/9/00	24
Alert	TEST UNEDIT 11-09	Arizona	Infectious Disease, Bacterial	Private 11/9/00	17
	Status of State Health Referenda- November 7, 2000				
	The status of 16 health-related referenda and initiatives on 12 state ballots; eight were	Entire U.S.A.	Chronic Disease	Private 11/9/00	0

Carol Pertowski
Editor
11/16/00

My Reports
Awaiting Assignment (0)
Reports In Review
All Epi-X Postings

Submit:
Standard Report
Epi-X Alert
Possible Chemical/Biologic Event
EPI-AID Request
EPI-AID Trip Report
Human Subjects Information

- [Epi-X Directory](#)
- [Other Directories](#)
- [CDC Resources](#)
- [Bioterrorism CDC](#)
- [MMWR Articles](#)
- [Other Public Health Resources](#)
- [State & Local Health Department Web Sites](#)

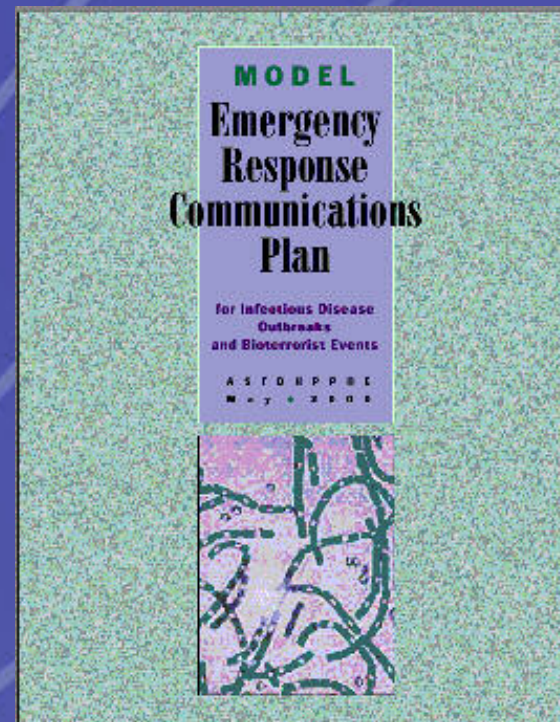


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Communications with the Public and other Healthcare Providers Progress to date

- Media fact sheets developed for key agents
- Model response communications plan developed with ASTDHPPE
- Template BTA agent fact sheets to assist State Health officials in form:
 - General public
 - Healthcare providers
 - Laboratorians





MOBILIZATION



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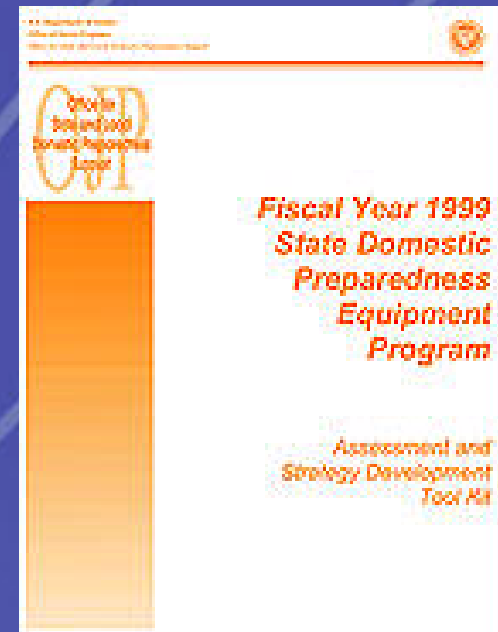
State and Local Preparedness Planning and Readiness Assessment

- 9 states and 2 cities awarded funds to:
 - Hire staff,
 - Conduct planning sessions with key stakeholders at the state and local level,
 - Assess current response capabilities, and
 - Develop response plans specific to bioterrorism.



Assessing Local Public Health Capacities

- Partnership with the Department of Justice
- Developed an assessment tool to identify emergency response capabilities and needs
- Local health agencies currently submitting data to DOJ/CDC



The National Pharmaceutical Stockpile

- 8 push packages ready to arrive anywhere in the U.S. within 12 hours of deployment
- Vendor Managed Inventory (VMI) – follow-on stores of medical supplies to augment push packages that arrive within 24 - 48 hours of activation



What will a 12 -hour Push Package look like when it's delivered?



Each 12 -hour Push Package:

- Over 100 specialized cargo containers
- Weighs 94,424 pounds
- Measures 10,329 cubic feet
- Requires 5000 square feet ground/floor space for proper staging and management



Medical Therapeutics

● Antibiotics

- ✓ Regulatory issues for “off -labeled usage”
- ✓ Dosage and administration protocols

● Vaccines

- ✓ Contract to develop new Smallpox vaccine
- ✓ Studies with NIH to evaluate potential dilution expansion of existing smallpox vaccine
- ✓ Evaluation of vaccines for inclusion in NPS
- ✓ ACIP Anthrax vaccine recommendations
- ✓ ACIP Smallpox vaccine recommendations



Hospital Preparedness

- Template for preparedness developed in collaboration with APIC
- Guidance developed with AHA to address mass casualties



Disaster Preparedness

Bioterrorism Readiness Plan: A Template for Healthcare Facilities

Use as a propeller

APIC Discontinuing Task Forces

David F. England, Marc V. Canfield, John D. Maloney, & Thomas A. Hoffman

CDC Hospital Infection Program Interim Workgroup

100% of the population of the United States is covered by the program.

The views expressed in this article by authors, 1987 English and 1988 E. 110, are considered by the Department of the Ministry, but not edited by the Ministry, or by any of the Department's. The Ministry of the Department of Education, for U.S. Government, U.S.



Mobilizing CDC Resources

- 24/7 Emergency Response (770-488-7100)
- Trained epidemiologists
- Public Health Advisors
- Other staff needed to complement state and local public health expertise – when requested





PUBLIC HEALTH INTERVENTIONS



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Progress to Date

- Developed Interim State Planning Guidance to support Biological and Chemical Terrorism Preparedness and Response Planning efforts
- Cantigny Conference “State Emergency Powers & the Bioterrorism Threat” – April 2001
- CDC/OGC Assessment of State Disease Reporting Laws



NextSteps

- Discuss the goals, objectives, and indicators to ensure they:
 - Are Clear/understood,
 - Are Critically important,
 - Are measurable,
 - Support the mission statement of the project, and
 - Can be used by state and local public health agencies as a framework/strategic plan to improve their public health systems in addressing the BT threat as well as support day -to-day PHefforts.



NextSteps

- WhattoexpectinPortland:
 - Reviewtherevisedframework,
 - Spendtimediscussingtheurgencyof theactivitiesneededtodevelop capacity,
 - Begintogatherinformationtosupport developmentofperformancemeasures, and
 - Discussimplementation.



The BT Core Capacity Project Will Influence:

- Year 4 BT Project Guidance,
- State and Local BT Planning Guidance from CDC, and
- Establish the overall strategic direction for CDC's BT Initiative.



BioTerrorism Preparedness and Response

Your source for information...

BioTerrorism(BT)

Resources

Agents/Diseases
 Planning Guidance

Training

State/Local Efforts

Key Contacts

Laboratory Issues

Surveillance

Technology

International

Pharmaceutical

Biopile Program

Legal/Ethical

Media/Health Comm

unications

Contacts

Emergency Contacts



Public Inquiries

(800) 639-3534

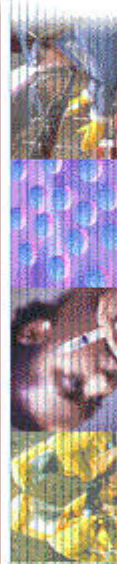
(800) 311-3435

Centers for Disease Control and Prevention

Home



BioTerrorism Preparedness and Response



TO REPORT AN EVENT CALL
 770-488-7100

CDC's BT Initiative

- ▶ [Program in Brief](#)
- ▶ [The Biological and Chemical Terrorism: Strategic Plan for Preparedness and Response](#)
- ▶ [Overview of BT Initiative](#)
- ▶ [Monthly BT Updates](#)
- ▶ [Official statements](#)
- ▶ [Gallery of Presentations](#)

Events, Meetings, and Conferences

- ▶ [Core Capacity Project Meetings 2001](#)

BT News Items

- ▶ [Dark Winter Exercise](#)
- ▶ [Bioterrorism: Preparing for the Future](#)
- ▶ [DHHS Press Release: HHS Secretary Tommy G. Thompson today announced that Scott Lillibridge, a](#)
- ▶ [Homeland Defense - Two Views of the Biological Threat](#)
- ▶ [DHHS Fact Sheet on Bioterrorism](#)

This project is a joint activity supported by ASTHO, NACCHO, and CDC. The goals of this effort are to:

1. Identify/define the core capacities needed within state and local public health systems to prepare for, and respond to bioterrorism,
2. Determine priorities - based on the capacities identified above, that need to be addressed to improve immediate response capacities associated with bioterrorism, and
3. Reach consensus on these capacities from stakeholders (i.e., public health, hospitals, non-governmental partners, and other federal agencies) to ensure success in future implementation.

We appreciate the continued feedback from our partners in this effort and look forward to successfully achieving these goals in 2001.

Make comments on the Core Capacity Project 2001 document which is now available for feedback.


Core Capacity Project Meetings

Tampa, FL - May 24, 2001

Agenda

Make comments on the [Core Capacity Project 2001 document](#) which is now available for feedback.

Core Capacity Project Meetings

 **Tampa, FL** - May 24, 2001


[Agenda](#)



Meeting Minutes



Attendee List

 **Kansas City, MO** - June 6-8, 2001

[Day 1 Agenda](#)

[Day 2 Agenda](#)

[Day 3 Agenda](#)



Meeting Minutes



[Attendee List](#)

 **Washington, D.C.** - July 30-31, 2001


[Agenda](#)



Meeting Minutes



Attendee List

 **Portland, OR** - Aug 27-28, 2001

[Agenda](#)



Meeting Minutes



Attendee List



Public Inquiries
(639)-3534
(311)-3435
Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30333
(639)-3311



Department of Health and Human Services

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local public health systems to
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act.





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